

## State of New Hampshire Retirees Dental Program (G/N 1777)

## YOUR DELTA DENTAL PROGRAM INCLUDES ALL OF THE FOLLOWING COVERAGES.

Coverage A Diagnostic/Preventive	Coverage B Basic Restorative	Coverage C Major Restorative
Deductible: None		<b>Deductible</b> : \$25 Per Person Per Calendar Year **
Covered at 100%	Covered at 80%  After a 6-Month Waiting Period And Deductible Satisfaction For Late Entrants*	Covered at 50% After a 12-Month Waiting Period and Deductible Satisfaction For Late Entrants*
Diagnostic: Oral evaluations - once in a 6-month period	Basic Restorative: Fillings amalgam, acrylic	Major Restorative: Removable and fixed partial dentures (bridge); complete dentures
Preventive: Cleanings once in a 6- month period Fluoride once in a 12- month period to age 18	Oral Surgery: Extractions & certain other surgical procedures  Endodontics: Root canal therapy on non-vital	Restorative crowns & onlays- covered services only when the tooth cannot adequately be restored with amalgam or acrylic f illings
Space maintainers to age 16  Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15  Note: Only one cleaning is covered	teeth – pulpal therapy on non-vital teeth.  Periodontics: Periodontal maintenance procedures (cleaning) Treatment of gum disease	**Any expense incurred during the last 3 months of a calendar year which is applied against an individual's deductible will also reduce his/her deductible for the next calendar year.
in a 6-month period.  (This can be routine, Coverage A, or periodontal, Coverage B, but not both.)	Denture Repair: Repair of a removable denture to its original condition Rebase and reline complete & partial dentures	
	Radiographs X-Rays — Complete series or panoramic film, once in a 3-year period, Bitewing x-rays once in a 6-month period; x-rays of individual teeth as necessary	

**Monthly Rates:** 

\*Late Entrant waiting periods are waived if no gap in coverage occurs when moving from Active to Retiree status.

One Person: \$50.16 \$94.28 Two Persons:

**Three or more Persons:** \$126.80

(Rates are guaranteed through June 30, 2004.)

**Enrollment Information: 800-537-1715** 

Customer Service: 800-832-5700, or 603-223-1234